

Employer's ID Number..... 01-0504252

State of Domicile or Port of Entry ME

## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING December 31, 2001

of the Condition and Affairs of the

## Aetna U.S. Healthcare Inc. (a Maine corporation)

NAIC Company Code..... 95517

NAIC Group Code..... 0001, 0001

Organized under the Laws of ME

Country of Domicile US

(Current Period) (Prior Period)

	ervice Corporation [ ] Vision Seaintenance Organization [ X ]	ervice Corporation [ ] Other [ ] Is H	n []  MO Federally Qualified? Yes [] No [X]  nced Business November 18, 13130
Date moorporated or organized	0001 0, 1000	Date Comme	nood Basiness November 10, 10100
Statutory Home Office		Floor Portland ME 4101 Fown, State and Zip Code)	
Address of Main Administrative Office	980 Jolly Road, P.O. Box 110	980 Jolly Road, P.O. Box 1109 Blue Bell PA 19422 (Street and Number) (City or Town, State and Zip Code)	
Mail Address	, , , ,	Box 1109 Blue Bell PA 194 (City or Town, State and Zip Code)	(Area Code) (Telephone Number) 422
Primary Location of Books and Records	980 Jolly Road, P.O. Box 110	19 Blue Bell PA 19422 Fown, State and Zip Code)	800-872-3862 (Area Code) (Telephone Number)
Internet Website Address	www.aetna.com	own, State and 21p Code)	(Alea Code) (Telephone Number)
Statement Contact	James David Weiss		215-775-6508
	(Name) AUSHC.HMOReporting@aeti	na com	(Area Code) (Telephone Number) (Extension) 215-775-6790
	(E-Mail Address)	na.com	(Fax Number)
	OF	FICERS	
President Mary Claire Bonner Secretary Gregory Stephen Martino	)	Treasurer David Charles S	Smyk
	VICE P	RESIDENTS	
Emanuel Francis Germano # Wayne Sedrick Rawlins	Paul Jeremiah Selian	James David Weiss	Alicia Helene Bolton
Mary Claire Bonner	Daniel Richard Fishbein	Wayne Sedrick Rawlins	Emanuel Francis Germano #
State of Pennsylvania County of			
The officers of this reporting entity being dul stated above, all of the herein described ass herein stated, and that this statement, toget of all the assets and liabilities and of the contherefrom for the period ended, and have be manuals except to the extent that: (1) state I procedures, according to the best of their information.	sets were the absolute property of the oner with related exhibits, schedules an idition and affairs of the said reporting en completed in accordance with the aw may differ; or, (2) that state rules of	said reporting entity, free and clear from a dexplanations therein contained, annexed entity as of the reporting period stated about NAIC Annual Statement Instructions and or regulations require differences in reportions.	any liens or claims thereon, except as d or referred to, is a full and true statement ove, and of its income and deductions d Accounting Practices and Procedures
(Signature)	(Signature)	(Signature	e)
Mary Claire Bonner (Printed Name)	Gregory Stephen Martino		narles Smyk
(Printed Name) President	(Printed Name) Secretary	(Printed N Treasurer	•
Subscribed and sworn to before me this			
day of	, 2002	a. Is this an	original filing? Yes [X] No []
		:	State the amendment number     Date filed     Number of pages attached